

HEAD START ELIGIBILITY VERIFICATION

1. Child's name: _____

2. Child's date of birth: _____

3. Child's date of entry into program: _____

4. Verify Eligibility. Check which category of eligibility does this child falls into:

☐ Income

☐ Below federal poverty guidelines

☐ Between 100-130% federal poverty guidelines

(no more than 35% of enrolled children may fall into this category)

☐ Over income *(counted as part of 10% maximum for non-AI/AN programs)*

☐ AIAN Over income *(counted as part of the 49% maximum for AI/AN programs)*

☐ Public Assistance

☐ Homeless

☐ Foster Care

5. What documentation was used to determine eligibility?

☐ Income Tax Form 1040

☐ Written statements from employers

☐ W-2

☐ Foster care reimbursement

☐ TANF documentation

☐ SSI documentation

☐ Pay stub or pay envelopes

☐ Other

☐ Unemployment

If Other, please explain: _____

☐ Documentation of no income _____

6. Staff signature _____ Date: _____

7. Staff Name: _____ Title: _____